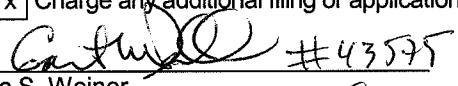


| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>1691-0221PUS1  |      |
|--|---|---|-----------------------------------|------------------------------|------|
| Application No.<br>10/585,991-Conf. #8865  | Filing Date<br>July 13, 2006              | Examiner<br>M. F. Pepitone              | Art Unit<br>1796                  |                              |      |
| Applicant(s): Weiping ZENG et al.  |   |   |                                   |                              |      |
| Invention: ADHESIVE FOR DENTAL OR SURGICAL USE AND POLYMERIZATION INITIATOR COMPOSITION FOR THE SAME   |   |   |                                   |                              |      |
| <b>MS AF</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>  |   |   |                                   |                              |      |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |                                   |                              |      |
| The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                              |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                              |      |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                         |      |
| <b>Total Claims</b>  | 6   | - 20 =                                  | 0                                 | x 52.00                      | 0.00 |
| <b>Independent Claims</b>  | 1   | - 3 =                                   | 0                                 | x 220.00                     | 0.00 |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>  |   |   |                                   |                              |      |
| <b>Other fee (please specify):</b>   |   |   |                                   |                              |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                              | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  |   |   |                                   |                              |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                              |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                              |      |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.  |   |   |                                   |                              |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                              |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                              |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                              |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                              |      |
|  #43575<br>Marc S. Weiner<br>Attorney Reg. No.: 32,181  |   |   |                                   | Dated: <u>March 16, 2009</u> |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000   |   |   |                                   |                              |      |